 <p>CD-180600</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p>Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 04/01/02</p> <p>EFFECTIVE DATE: 04/01/02</p>	<p>REVIEW/REVISED: 06/16/14</p>
	<p>TITLE: Mental Health Treatment Center (MHTC)</p>	

AUTHORITY:

Policy *CD-000100*

REFERENCES:

- A. ACA Standards 4-4133, 4-4270, 4-4347, 4-4348, 4-4368, 4-4373, 4-4374, 4-4399, 4-4404 *Standards for Adult Correctional Institutions, 4th Edition.*
- B. NCCHC P-E-08, P-G-01, P-G-02, P-G-03, P-G-04, P-G-05, and P-I-05, *Standards for Health Services in Prison, 2008.*

PURPOSE:

To provide services for severely mentally ill, behaviorally disordered, and developmentally disabled male and female inmates through an integrated system of mental health treatment within a structured environment.

APPLICATION:

Staff assigned to the MHTC and to NMCD inmates who require specialized mental health treatment and housing.

FORMS:

- A. **MHTC Treatment Team Progress Note** form (*CD-180601.1*)
- B. **MHTC Clinical Assessment** form (*CD-180601.2*)
- C. **MHTC Treatment Review** form (*CD-180601.3*)
- D. **MHTC Individual Treatment Plan** form (*CD-180601.4*)
- E. **MHTC Discharge Planning Summary** form (*CD-180601.5*)
- F. **MHTC Confidentiality Statement and Acknowledgement** form (*CD-180601.6*)
- G. **MHTC Case Presentation Format** form (*CD-180601.7*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Acute Care Unit (ACU)*: The ACU is an inpatient psychiatric unit that provides 24-hour health services including, but not limited to psychiatric services, medical services, mental health, nursing care and security.
- B. *Chronic Care Unit (CCU)*: The CCU housing areas are designed to meet the needs of the MHTC inmates who have achieved psychological stability such that they can function socially and interpersonally within the MHTC.
- C. *Discharge Planning*: Discharge planning begins at the time of MHTC admission and continues through the course of treatment. Discharge planning, including transitional planning, is completed prior to formal discharge from the facility.
- D. *Emergent Care*: Psychiatric care for inmates who require inpatient psychiatric treatment based on severe adaptive functioning deficits including but not limited to suicide attempts, severe self-injury and/or florid psychosis that render the inmate a danger to self or others.
- E. *Individual Treatment Plan (ITP)*: A clinical plan developed by an inmate's assigned MHTC mental health clinician that incorporates recommendations from members of the MHTC Treatment Team. The Treatment Plan addresses clinical services and treatment goals including individual therapy, group therapy, psychiatric treatment, education, recreation and classification. The Treatment Plan is constructed in accordance with provisions set forth in the MHTC Policy.
- F. *Least Restrictive Measures*: A system of least restrictive measures is defined as the use of the least intrusive approach to effectively managing behaviorally disruptive and/or mentally ill inmates. Therapeutic seclusion and therapeutic restraint may be used only if less restrictive clinical interventions have been unsuccessful or if an emergency exists.
- G. *Long Term Care Unit (LTCU)*: The NMCD medical infirmary. The LTCU is a medical infirmary that maintains a therapeutic seclusion room and video monitoring capabilities. At the discretion of the LTCU medical director, MHTC inmates requiring a higher level of medical care than available at the MHTC may be placed in the LTCU.
- H. *Mental Health Treatment Center (MHTC)*: The Mental Health Treatment Center (MHTC) is a housing area designed to provide emergent in-patient and structured out-patient chronic mental health treatment for NMCD inmates.
- I. *Recreation Specialist*: Correctional Officers specially trained to work with mentally ill inmates in the provision of recreation and programming services.

- J. Therapeutic Restraints: Instruments/garments used to prevent inmate self-harm or harm to others. Therapeutic restraint utilization is based on a continuum of restriction, in accordance with a philosophy of using least restrictive measures necessary to ensure safety and security. See NMCD Policy CD-170700 *Use Of Therapeutic Restraints and Seclusion*.
- K. Therapeutic Restriction Unit (TRU): The TRU is an MHTC housing unit designated for MHTC inmates that require secure housing, observation and social restriction due to behavioral or psychological difficulties. TRU inmates may or may not be classified as Segregation or Level 5/6.
- L. Therapeutic Restrict 1 (TR 1): TR1 programming in the TRU is designed to acculturate Housing Level 1-4 inmates for transition to the CCU by having the inmates program with fellow TRU inmates. The MHTC Treatment Team approves inmates going into TR 1 programming. TR1 programming format is designed by the Treatment Team and implemented by the recreation specialist staff.
- M. Therapeutic Restrict 2 (TR 2): TR 2 programming in the TRU designed to acculturate Housing Level 1-4 inmates to the CCU by having inmates program with CCU inmates while remaining housed in the TRU. Inmates generally must proceed through TR1 prior to TR2 unless approved by the MHTC Treatment Team. TR2 programming format is designed by the Treatment Team and implemented by the recreation specialist staff.
- N. Therapeutic Seclusion: Therapeutic seclusion serves as an environmental control designed to preclude an inmate's ability to exhibit behavior considered as a threat to self or others. See NMCD Policy CD-170700 *Use Of Therapeutic Restraints and Seclusion*.
- O. Transfer Hearing: A due process hearing through which the inmate is informed of the factors contributing to the decision to house the inmate in the MHTC.
- P. Treatment Team: The MHTC Treatment Team is comprised of multi-disciplinary professionals including, but not limited to, the MHTC psychiatrist, MHTC Mental Health Manager, MHTC Behavioral Health Clinicians(s), MHTC nursing supervisor or designee, MHTC Recreation Specialist Supervisor or designee, MHTC Educator(s), MHTC Unit Manager, and Security Supervisor or designee. The Treatment Team provides information and recommendations across disciplines in the development of an Individual Treatment Plan. The MHTC Treatment Team renders recommendations regarding patient care, admissions, discharges, housing assignment, and privileges.

POLICY:

- A. The Mental Health Treatment Center (MHTC) utilizes a hospital model with a multi-disciplinary approach to provide emergent, intermediate and long term mental health care for inmates who are experiencing cognitive, affective and/or behavioral functioning deficits which inhibit an inmate's ability to adequately function within normal limits in regular general population housing.
1. Mental health and substance use disorder services as provided by the Behavioral Health Services Bureau.
 2. Psychiatric services as provided by the Contract Psychiatrist and psychiatric nurses.
 3. Programming services as provided by relevant departments, such as education, recreation, and classification.
- B. Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Inmate health care records should be reviewed by the facility's health care professional upon arrival from outside health care entities including those from inside the correctional system. **[4-4347]**
- C. Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. **[4-4348]**
- D. The mental health program is approved by the appropriate mental health authority and includes at a minimum: **[4-4368]**
- Screening on intake;
 - Outpatient services for the detection, diagnosis, and treatment of mental illness;
 - Crisis intervention and the management of acute psychiatric episodes;
 - Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting;
 - Elective therapy services and preventive treatment where resources permit;
 - Provision for referral and admission to mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility; and
 - Procedures for obtaining and documenting informed consent.

- E. There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and inmate critical incident debriefing that cover the management of suicidal incidents, suicide watch, and suicide. It ensures a review of suicidal events, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for inmate supervision is trained on an annual basis in the implementation of the program. Training should include but not be limited to: **[4-4373]**
- Identifying the warning signs and symptoms of impending suicidal behavior;
 - Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
 - Responding to suicidal and depressed inmates;
 - Communication between correctional and health care personnel;
 - Referral procedures;
 - Housing observation and suicide watch level procedures; and
 - Follow-up monitoring of inmates who make a suicide attempt.
- F. Inmates with severe mental illness or who are severely developmentally disabled receive a mental health evaluation, and where appropriate are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. **[4-4374]**
- G. There is consultation between the facility and program administrator (or designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: **[4-4399]**
- Housing assignments;
 - Program assignments;
 - Disciplinary measures; and
 - Transfers to other facilities.

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.


- H. A transfer that results in an inmate's placement in a non-correctional facility or in a special unit within the facility, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being affected. In emergency situations, a hearing shall be held as soon as possible after the transfer. **[4-4404]**

- I. Single-occupancy cells/rooms shall be available, when indicated, for the following: **[4-4133]**
- Inmates with severe medical disabilities;
 - Inmates suffering from serious mental illness;
 - Sexual predators;
 - Inmate likely to be exploited or victimized by others; and
 - Inmates who have other special needs for single housing.
- J. Inmates in segregation receive a minimum of one hour exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise. **[4-4270]**
- K. The facility provides 24-hour emergency medical, mental health, and dental services. **[P-E-08]**
- L. Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. **[P-G-1]**
- M. A proactive program exists that provides care for special needs patients who require close medical supervision or multidisciplinary care. **[P-G-02]**
- N. Infirmary care, when provided, is appropriate to meet the serious needs of patients. **[P-G-03]**
- O. Mental health services are available for all inmates who require them. **[P-G-04]**
- P. The facility identifies suicidal inmates and intervenes appropriately. **[P-G-05]**
- Q. All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction. **[P-I-05]**



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

06/16/14
Date

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AUTHORITY:

Policy *CD-180600*

INDEX:

- A. Administration and Authority
- B. Treatment Team and Confidentiality
- C. Transfer and Inmate Consent
- D. Admission Protocols
- E. MHTC Discharge Planning
- F. MHTC Inmate Behavioral Guidelines
- G. MHTC Housing Units
- H. MHTC Behavioral Health Services
- I. Crisis Intervention
- J. MHTC Psychiatric Services
- K. Recreation Specialist Services
- L. Educational Services
- M. MHTC Classification
- N. Security

PROCEDURES: [4-4133]

A. Administration and Authority:

1. The Mental Health Treatment Center (MHTC) operates as specified in NMCD policies and procedures.
2. The MHTC is under the jurisdiction of the Health Services Bureau, the Behavioral Health Services Bureau and the CNMCF Warden.
3. The MHTC Behavioral Health Manager serves as the MHTC behavioral health administrative manager, chairs the MHTC Treatment Team, and oversees the clinical treatment programming.

4. The MHTC Recreation Specialist Supervisor oversees the Recreation Specialist staff and reports to the MHTC Behavioral Health Manager.
5. The MHTC staff psychiatrist serves as the ACU admission and discharge authority and the final clinical authority for transfers within and out of MHTC.
6. The MHTC Psychiatric Nursing Supervisor the medical and nursing care.
7. The facility Director of Education oversees the organization and implementation of educational programming.
8. The MHTC Captain of Security oversees the provisions of safety and security and reports to the MHTC Unit Manager.
9. The MHTC Unit Manager provides administrative direction.

B. Treatment Team and Confidentiality:

1. Composition of the MHTC Treatment Team:

The MHTC Treatment Team, chaired by the MHTC Behavioral Health Manager or designee, is comprised of multi-disciplinary professionals and may include but is not limited to the following:

- MHTC Behavioral Health Manager;
- MHTC Psychiatrist;
- MHTC Behavioral Health Clinician(s);
- MHTC Nursing Supervisor or designee;
- MHTC Recreation Specialist Supervisor or designee;
- MHTC Educator(s);
- MHTC Security Supervisor or designee;
- MHTC Unit Manager; and
- MHTC Classification Officer(s).

The core members of the MHTC Treatment Team are the MHTC Behavioral Health Manager, the MHTC psychiatrist, and the MHTC Security Supervisor or designee. In emergency situations the core members may make decisions without consent of the full MHTC Treatment Team.

2. Confidentiality:

- a. Communication across disciplines is permitted in the MHTC Treatment Team meeting. The shared information is designed to facilitate inmate programming and to provide vital information to each respective discipline.
 - b. MHTC Treatment Team members are required to sign a **MHTC Confidentiality Statement and Acknowledgement** form (*CD-180601.6*). Clinical information disclosed in Treatment Team is strictly confidential.
 - c. MHTC staff and MHTC Treatment Team members will not discuss inmate case material or information outside of their duties in the MHTC. Violation of this guideline may result in disciplinary action.
 - d. Inmate confidentiality is waived under conditions of potential security violations or potential for harm to self or others.
3. The MHTC Treatment Team provides information and recommendations across disciplines including but not limited to:
- a. Decisions regarding inmate housing status.
 - b. Recommendations regarding MHTC discharges.
 - c. Information regarding inmate compliance with MHTC programming.
 - d. Approval for inmates to engage in Educational and Vocational Education programming

4. Treatment Team Meetings:

- a. The MHTC Treatment Team will convene no less than once a week.
- b. The MHTC Treatment Team is chaired by the MHTC Behavioral Health Manager, or designee, who oversees and facilitates the meeting.
- c. MHTC Treatment Team members will prepare in advance for each Treatment Team.
- d. Every inmate in the ACU and TRU will be discussed each week. Inmates in the CCU will be discussed as needed, but no less than every ninety (90) days.

- e. The MHTC Treatment Team will provide recommendations regarding treatment planning.
- f. Each member of the treatment team documents their inputs on the **Treatment Team Progress Note**; form (*CD-180601.1*). The MHTC Behavioral Health Manager will document the Treatment Team's decisions.
- g. When the Treatment Team is unable to reach consensus regarding clinical recommendations or decisions, including but not limited to, diagnosis, treatment, and discharge eligibility, the Behavioral Health Services Bureau Chief and the Contract Director of Psychiatry will be consulted in order to render a final decision.

C. Transfer and Inmate Consent:

- 1. Admission criteria are listed in *CD-180106*, **Referrals to MHTC**. Placement in the MHTC is based on clinical recommendations and acceptance of those recommendations by the MHTC psychiatrist. The psychiatric procedures for MHTC admission are in *CD-172301*, **Mental Health Treatment Center: Psychiatry, Medical, and Nursing Care**. Procedures for transferring an inmate to MHTC, once psychiatry has approved the admission, are in *CD-180106*.
- 2. Relocation to and placement in the MHTC constitutes a change in a housing assignment and does not require inmate consent. See *CD-180100*, Behavioral Health Clinical Services.
- 3. An inmate, either before transfer to the MHTC or shortly after transfer to the MHTC, will be afforded due process through a Transfer Hearing as follows:
 - a. Only under emergency circumstances (*e.g.* inmate has attempted suicide; inmate is acutely mentally ill and is engaging in serious self-injurious behavior) will the inmate be transferred to the MHTC prior to having a MHTC transfer hearing.
 - b. Under non-emergency circumstances, an inmate will be provided with an MHTC transfer hearing before being referred to the MHTC.
 - c. The MHTC transfer hearing will be conducted in accordance with the following procedure:
 - 1) At least 48 hours before the hearing, the inmate will be notified of the reasons for the transfer, **MHTC Transfer Hearing Notice** form (*CD-180106.2*).

- 2) If there is reason to believe the inmate will have difficulty participating in or understanding the nature of the hearing, the inmate shall be informed that he or she has the right to request assistance from a staff member. If the inmate requests assistance from a particular staff member, a reasonable effort will be made to provide for assistance by the particular staff member; but if doing so would cause undue interference with the operation of the facility or Department, the Department may designate a suitable substitute to provide assistance to the inmate.
 - 3) For non-emergency circumstances, the hearing will be conducted and administered by the Behavioral Health Manager or Clinical Supervisor of the referring facility.
 - 4) Should the inmate be transferred to the MHTC under emergency circumstances, the MHTC psychiatrist and Behavioral Health Manager or his or her designee will conduct the Transfer Hearing at the next regularly scheduled Treatment Team meeting.
 - 5) At the hearing, the inmate will be provided with the opportunity to present his own testimony as well as other relevant testimony and evidence regarding whether the admission is appropriate. The Behavioral Health Manager may receive other evidence and testimony from other witnesses.
 - 6) At the conclusion of the hearing, a written hearing decision including findings and a determination as to whether the inmate's transfer to the MHTC is justified. **Transfer Hearing Decision** form (*CD-180106.3*).
 - 7) Behavioral Health Staff will secure a **Consent/Refusal for Treatment** form (*CD-180101.1*) at the Transfer Hearing.
4. Behavioral Health treatment services are voluntary and require the written consent of the inmate on a Consent/Refusal for Treatment form.
 5. An inmate's choice not to consent to recommended behavioral health services has no direct relationship to that inmate's housing assignment at the MHTC.

D. Admission Protocols:

1. Inmates admitted to MHTC are based on a psychiatrist-to-psychiatrist referral. After the MHTC psychiatrist accepts the admission of an inmate to MHTC, the MHTC Behavioral Health Manager or designee contacts the Classification Bureau Chief (CBC) to arrange transport to MHTC. After hours, the referring facility may arrange transport of the inmate to MHTC once the MHTC psychiatrist has accepted the admission.

2. All new MHTC admissions will be housed in the Acute Care Unit (ACU) or Therapeutic Restriction Unit (TRU) for at least 24 hours unless otherwise approved by the MHTC Treatment Team.
3. Inmates relocated to the MHTC are housed in a secure cell and receive observation consistent with security and psychiatric orders.
4. Nursing staff follow the admission protocols in *CD-172300, Mental Health Treatment Center: Psychiatry, Medical and Nursing Care*.
5. The MHTC psychiatrist will present all clinical information obtained on a newly admitted inmate to the MHTC Treatment Team at the first Treatment Team meeting following admission.
6. The MHTC psychiatrist and the Behavioral Health Manager will determine if an ACU inmate needs to be assigned a Behavioral Health Clinician.

E. MHTC Discharge Planning:

1. Discharge planning begins at MHTC admission and continues through the course of treatment. Discharge planning includes the documented course of treatment, completion of the psychiatric and behavioral health Discharge Planning Summaries; arrangements for the continuity of psychiatric care, medical treatment and behavioral health care. Classification and security considerations are a component of the discharge planning process.
2. Discharge Planning Criteria:
 - a. The referral issue has been resolved.
 - b. The inmate no longer needs constant monitoring of medications.
 - c. The inmate is at a low risk for harm or exploitation from other inmates because of his or her mental illness or cognitive impairment.
 - d. The inmate is at a low risk for serious self-injury or suicide.
 - e. The inmate has developed coping mechanisms to replace self-harm, suicidal threats, and/or psychotic symptoms.
 - f. The inmate is likely to be able to function adequately when returned to previous housing assignment and/or custody level.
 - g. The inmate is able to function in less restrictive custody.

3. A discharge summary will be developed by the MHTC Behavioral Health Clinician assigned to the case. The summary will include the diagnosis, course of treatment, and a discussion of treatment plan progress. The discharge summary will be documented on the **MHTC Discharge Summary** form (*CD-180601.5*).
4. A **Mental Health Clearance Chrono** form (*CD-180104.3*) will be completed and forwarded to the MHTC Classification Officer, MHTC Behavioral Health Manager, and MHTC clerk.
5. MHTC inmates classified as Level 5/6 will have a **Behavioral Health Evaluation and Screening for Level V/VI Housing** form (*CD-180401.1*) completed by the assigned MHTC Behavioral Health Clinician.
6. Inmates admitted to the MHTC from the APA are not subject to a **Behavioral Health Evaluation and Screening for Level V/VI Housing** and should be discharged back to the APA.
7. Discharge planning must be completed prior to placing an inmate on formal discharge status. When all planning and reviews are done, notification will be made to the classification Bureau for transfer of the inmate from MHTC.
8. If there exists any clinical or management concerns, the Behavioral Health Bureau Chief or designee and the Contract Director of Psychiatry will review the case, consult with the facility warden(s), and make the final determination regarding the discharge.
9. The MHTC Behavioral Health Manager or designee will contact the designated receiving facility prior to the inmate transfer for non-Level V/VI transfers. The case will be clinically staffed with the receiving facility Behavioral Health Manager or designee.
10. The MHTC Behavioral Health Manager will notify the MHTC Unit Manager when all the Discharge Planning has been completed so the inmate can be transferred.
11. Special Discharge Planning for Level V-VI inmates:

Prior to clinical discharge from MHTC, the Contract Director of Psychiatry will chair a videoconference with:

 - a. MHTC (the MHTC Psychiatrist, the MHTC Mental Health Manager, the MHTC Behavioral Health Therapist, the MHTC Head of Security, the MHTC Unit Manager, and CNMCF Warden or designee),

- b. APA (the APA Psychiatrist, the APA Mental Health Manager, the APA Behavioral Health Therapist, the APA Head of Security, the APA Unit Manager, and CNMCF Warden or designee),
- c. PNM (the PNM Psychiatrist, the PNM Mental Health Manager, the PNM Behavioral Therapist, the PNM Head of Security, the PNM Unit Manager, and PNM Warden or designee),
- d. Behavioral Health Services Bureau Chief.

The following documents will be available for this videoconference: Behavioral Health and Medical Records draft of the **MHTC Discharge Planning Summary**, draft of the **Psychiatric Discharge Summary**, draft of the **Behavioral Health Evaluation and Screening for Level V/VI Housing**, case presentations forms, security and classification inputs.

12. Discharge Planning for Inmates Released to the Community:

- a. Discharge planning for inmates being released from prison to parole or probation or discharging from prison will be provided in accordance with procedure *CD-180100*, **Behavioral Health Clinical Services** and *CD-083000*, **Reentry Planning and Process for Inmates Releasing to the Community from Incarceration**.
- b. The Institutional Pre-Release Coordinator, MHTC Behavioral Health Clinician, medical and the classification officer will coordinate discharge planning for MHTC inmates released to the community.
- c. Discharge planning is initiated no less than six months prior to the inmates projected release to the community. Resources are sought in the community for the continuation of services.
- d. The inmate will attend the Re-Entry Committee meeting at least 180 days prior to release to the community.
- e. The Re-Entry Committee will discuss the inmate's clinical and social needs and the clinician will complete the **Clinical Pre-Release Review and Recommendations** form (*CD-180112.3*).

- f. An after care plan will be developed by the Classification officer and MHTC Behavioral Health Clinician assigned to the case which reflects the recommendations of the MHTC Treatment Team.
- g. A discharge summary will be developed by the MHTC Behavioral Health Clinician assigned to the case. The discharge summary will be documented on the **MHTC Discharge Planning Summary** form (*CD-180601.5*).

F. MHTC Inmate Behavioral Guidelines:

Inmates must comply with the following:

- 1. Actively participate in the treatment components set forth in the MHTC Individual Treatment Plan (ITP).
- 2. Maintain a clean, organized cell.
- 3. Demonstrate civil, respectful interpersonal behavior to staff and other inmates.
- 4. Gang affiliations and activities are strictly prohibited.
- 5. Remain free from illicit substances, without exception.
- 6. Remain free from the use of tobacco products.
- 7. Comply with institutional policies and procedures.

G. MHTC Housing Units:

Acute Care Unit	Therapeutic Restriction Unit	Chronic Care Units (4)
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- 1. Acute Care Unit (ACU):
 - a. Description:

The Acute Care Unit provides emergent behavioral health care and psychiatric evaluation and care for inmates experiencing severe cognitive, affective and/or behavioral functioning difficulties. The ACU provides seven-day, 24-hour security, medical, psychiatric and behavioral health services. The MHTC psychiatrist is responsible for ACU clinical management including but not limited to: admissions and discharges, psychiatric care, and psychiatric medications.

b. Assignment:

- 1) Inmates that require a highly structured environment and/or continuous nursing care may be considered for admission to the ACU.
- 2) The MHTC psychiatrist or weekend duty psychiatrist provides services according to *CD-172300*.
- 3) Psychiatric nursing staff provides services according to *CD-172300*.
- 4) Privileges and property restrictions will be incorporated into the Nursing Care Plan, based upon psychiatric assessment of the inmate's level of functioning and amenability to ACU programming.
- 5) MHTC behavioral health staff will provide ACU behavioral health services as an adjunct to psychiatric treatment as determined by the MHTC Behavioral Health Manager and MHTC Psychiatrist.
- 6) Inmates who are transferred to the MHTC from Housing Level 5/6 will be housed in ACU or TRU until they are relocated to an appropriate facility, or until the inmate's Classification Level is lowered.

c. Services and Privileges:

- 1) ACU inmates will receive property and privileges generally consistent with Policy *CD-143000*, specifically *the Table of Services* for Level VI, Step 5 to the extent that such services are available. Items the MHTC psychiatrist has identified as posing potential threats of harm to the inmate or others may be limited. Congregate activities and visiting privileges must be approved by the Treatment Team. Inmate employment is generally contraindicated within the ACU but may be evaluated on a case by case basis by the Treatment Team.

- 2) Alterations to ACU inmate property, privileges, and services will be determined by the MHTC Psychiatrist and the MHTC Treatment Team in conjunction with Classification guidelines.
- 3) ACU inmates will not be eligible for ancillary services that require movement outside the ACU (hobby shop, education). Educational staff will provide education to ACU inmates as appropriate.
- 4) ACU inmates will remain in cell restriction unless otherwise specified by the MHTC Treatment Team (*e.g.*, behavioral health appointments, recreation, visits).
- 5) The MHTC Treatment Team will determine whether an inmate is clinically stable for recreation privileges within the ACU.

2. Therapeutic Restriction Unit:

a. Description:

- 1) The Therapeutic Restriction Unit (TRU) serves as an intermediate step between the highly structured ACU and CCU for Housing Level 1-4 inmates. This unit may also house Special Housing Level 5/6 inmates.
- 2) Inmates assigned to the TRU require observation and/or clinical/psychiatric monitoring but are not considered an imminent threat to self or others. The TRU potentially affords inmates the opportunity to interact on a broader basis and to engage in pod-based activities.

b. Assignment:

- 1) Inmates that no longer require the highly structured ACU environment and continuous nursing care may be considered for transition to TRU.
- 2) Inmates who do not demonstrate the clinical stability, social responsibility and/or interpersonal appropriateness necessary to function within the less restrictive CCU milieu may be placed in TRU.
- 3) Inmates who are transitioned from the ACU to TRU are required to successfully complete two weeks in the TRU before consideration for transition to CCU unless otherwise specified by the MHTC Treatment Team.

c. Services and Privileges:

- 1) Therapeutic Restriction Unit (TRU) inmates will receive property and privileges generally consistent with Policy *CD-143000*, specifically the *Table of Services for Level V, Step 3* to the extent that such services are available.
- 2) Alterations to TRU inmate property, privileges, and services will be determined by the MHTC Treatment Team in conjunction with Classification guidelines.
- 3) Housing Level 1-4 inmates housed in the TRU may proceed through the Therapeutic Restrict 1 (TR 1) and Therapeutic Restrict 2 (TR 2) programming with prior MHTC Treatment Team approval.
- 4) TRU inmates may be eligible for group activities utilizing the four individual secure group activity areas in the TRU Group Room. The MHTC Behavioral Health Manager in collaboration with the Recreation Specialist Supervisor determines an inmate's eligibility for group activities. Inmate's not participating in TR 1 or TR 2 programming must be in restraints when moving between the TRU Group Room and their cell. Once in the secure group activity area an inmate's restraints may be removed. Group activities are directed by a Recreation Specialist, Behavioral Health Clinician, or other persons approved by the Behavioral Health Manager.
- 5) TRU inmates will remain in cell restriction unless otherwise specified by the MHTC Treatment Team (*e.g.*, behavioral health appointments, authorized group activities, visits).
- 6) The Behavioral Health Manager or designee will conduct behavioral health rounds weekly for inmates housed in TRU.
- 7) Education will provide materials consistent with educational goals and academic abilities.
- 8) CCU inmates housed in the TRU due to mental health reasons may be authorized by the Treatment Team to attend educational and employment programming outside the TRU during weekdays. Inmates will be searched as they leave and return to the unit.

3. Chronic Care Unit (CCU):**a. Description:**

- 1) The Chronic Care Unit provides social and interpersonal interaction designed to enhance the inmate's ability to function in the larger environment.
- 2) The CCU housing serves as a transitional environment designed to prepare the inmate for possible integration into a non-MHTC prison environment.

b. Assignment:

Assignment is based on a determination from the MHTC Treatment Team. Inmates can be assigned to CCU under the following guidelines:

- 1) Inmates, who have successfully programmed through the TR program, are deemed to be clinically stable, and have adhered to MHTC guidelines and programming consistent with their ITP may be eligible for the CCU. Inmates who have not completed at least two weeks of TR programming will not be permitted in the CCU, unless approved by the MHTC Treatment Team.
- 2) All inmates must have MHTC Treatment Team approval prior to being admitted to the CCU.
- 3) Inmates who exhibit chronic interpersonal and/or social difficulties will not be approved for CCU until the MHTC Treatment Team determines sufficient progress has been made.
- 4) Housing Level 5/6 or segregation inmates are not eligible for CCU.

c. Services and Privileges:

- 1) Chronic Care Unit (CCU) inmates will receive property and privileges consistent with Level III facilities to the extent such are available, unless otherwise specified by the MHTC Treatment Team. Privileges and activities may be similar, but not necessarily identical to the general population.
- 2) CCU inmates are required to attend group therapy, psycho-educational group, individual therapy, and ancillary services as set forth in the ITP in order to maintain privileges.

- 3) CCU inmates are eligible for employment and occupational programming as approved by the MHTC Treatment Team.

H. MHTC Behavioral Health Services:

1. General Guidelines:

- a. MHTC Behavioral Health Clinicians are required to provide services consistent with behavioral health standards and the NMCD Behavioral Health Policies.
- b. MHTC inmates housed in the Long Term Care Unit (LTCU) will receive behavioral health services consistent with NMCD policies. The MHTC Behavioral Health Staff will conduct LTCU rounds at least once a week for MHTC inmates housed in the LTCU.

2. Clinical Assessment and Treatment Planning:

- a. Once an MHTC Behavioral Health Clinician has been assigned an inmate they will complete an initial **MHTC Clinical Assessment** form (*CD-180601.2*) and an **MHTC Individual Treatment Plan** form (*CD-180601.4*) within 14 days of receiving the assignment.
- b. The **MHTC Clinical Assessment** requires the signatures of the MHTC Behavioral Health Manager and the assigned behavioral Health Clinician within five (5) working days of completion. The ITP must be signed by the Behavioral Health Manager, Behavioral Health Clinician, and the inmate within five 5 working days of the plan's completion.
- c. The need for an ITP for ACU inmates who are not projected to discharge to the TRU or to the CCU will be at the discretion of the MHTC Behavioral Health Manager.
- d. If the clinical assessment process suggests psychological testing is required in order to accurately render a diagnosis and establish a course of treatment, the procedures in *CD-180100* will be followed.

3. Individual Treatment:

- a. Individual treatment sessions will be conducted in accordance with the ITP. Inmates will be seen in individual treatment as clinically indicated in the current treatment plan and documented on a **Progress Note – Treatment Session** form (*CD-180108.2*).

- b. The ITP will be updated as treatment evolves. As the ITP is revised and updated the presenting problems, goals, and planned interventions will reflect the inmate's condition as documented in the progress notes and documentation notes. Clinical reviews will be conducted at least every 90 days and documented on the MHTC **Treatment Review** form (*CD-180601.3*). Changes to the ITP will be documented on an updated MHTC **Individual Treatment Plan**.
 - c. Brief encounters, mental status, and level of functioning monitored by the therapist between sessions will be documented on a **Documentation Notes** form (*CD-180102.1*). Documentation will utilize either D(ata), A(ssessment), P(lan) format or S(Subjective), O(bjective), A(ssessment), P(lan) format.
4. Group Treatment:
- a. MHTC inmates will attend group therapy, substance abuse groups, and psycho-educational groups as clinically indicated, consistent with their MHTC housing assignment and ITP.
 - b. Treatment groups will be documented according to *CD-180100*. The MHTC Behavioral Health Clinician in charge of the group is responsible for ensuring the required sign-in log is maintained and signed by attending inmates.
 - c. The MHTC may offer a variety of treatment groups which may include, but are not limited to, the following:
 - 1) Mental Health Education;
 - 2) Relaxation/Stress Management;
 - 3) Anger Management;
 - 4) Interpersonal Communication Skills;
 - 5) Life Skills – Activities of Daily Living;
 - 6) Recidivism Reduction Program; and
 - 7) Substance Abuse Treatment.
5. Information to the MHTC Treatment Team:
- a. MHTC Behavioral Health Clinicians will provide status updates and recommendations regarding inmates on their assigned caseload. The **MHTC Case Presentation Format** form (*CD-180601.7*) can be used to for summarizing important case data.

- b. The MHTC Treatment Team will staff all ACU and TRU inmates weekly, and all CCU at least quarterly.
 - c. MHTC Treatment Team case staffing will be documented on an **MHTC Treatment Team Progress Note** form (*CD-180601.1*).
6. Review of Disciplinary Reports:
- a. The facility Disciplinary Officer will submit a copy of all MHTC disciplinary reports and **Inmate Misconduct Mental Health Review** form (*CD-090101.9*) to the MHTC Behavioral Health Manager for review within one working day.
 - b. The MHTC Behavioral Health Manager, or their designee, will consult with the MHTC psychiatrist to determine if the misconduct under consideration was due primarily to the inmate's mental health condition and document the determination on the **Inmate Misconduct Mental Health Review** form within one working day.
 - c. If the misconduct was due primarily to mental illness, the MHTC Behavioral Health Manager may suggest reduced or suspended sanctions if the inmate is found guilty. The recommendations will be documented on the **Inmate Misconduct Mental Health Review** form within one working day.
 - d. The results of this review will be presented to the facility Warden for final determination.
2. Review of Disciplinary Sanctions:
- a. The facility Disciplinary Officer will discuss proposed disciplinary sanctions with the MHTC Behavioral Health Manager.
 - b. If the MHTC Behavioral Health Manager believes the proposed sanctions will adversely impact the inmate's mental health condition, this will be documented on the **Inmate Misconduct Mental Health Review** form and a meeting will be scheduled with the facility disciplinary officer.
 - c. If an agreement is reached regarding sanctions, the sanctions will proceed.
 - d. If consensus is not achieved between behavioral health and the disciplinary officer, the facility Warden will render a final decision.

I. Crisis Intervention:1. MHTC Crisis Intervention Protocol:

- a. During regular working hours, Monday through Friday, excluding holidays, the MHTC Behavioral Health Manager will designate Behavioral Health staff to respond to crisis intervention calls for CCU inmates. Crisis interventions for ACU and TRU inmates will be the responsibility of the MHTC psychiatrist or psychiatric nursing.
- b. During after hours or on weekends, an ACU nurse will conduct an initial interview with the inmate in order to determine the relevancy and extent of the crisis. If the ACU nurse requires clinical guidance, they will notify the security shift supervisor who, at need, will notify master control to contact the on-call Behavioral Health Clinician for consultation.
- c. If the on-call Behavioral Health Clinician determines, either telephonically or by an on-site assessment, that the inmate is suicidal or in danger of self-harming, the on-call or MHTC psychiatrist will be contacted by the ACU nurse. Once the on-call psychiatrist has been notified and has ordered a suicide watch, the psychiatrist and ACU nurse assume responsibility for directing the crisis and/or suicide prevention protocols. The on-call Behavioral Health Clinician completes the **Incident Report/Crisis Intervention** form (*CD-180109.1*).
- h. The MHTC Behavioral Health Manager will ensure relevant information is documented on the **Suicide and Self-Injury History/Alert Log** Attachment (*CD-180201.D*) in each respective inmate file.
- i. The MHTC Behavioral Health Manager and the MHTC Psychiatrist will review crisis interventions for MHTC inmates no later than the next working day.
- j. The MHTC Treatment Team will staff the case at the next scheduled MHTC Treatment Team meeting in order to address the inmate's ITP.

J. MHTC Psychiatric Services:1. MHTC Psychiatrist Duties, Authority and Responsibilities::

- a. The duties and responsibilities are according to *CD-172300*.

- b. The MHTC Psychiatrist will closely coordinate with the MHTC Behavioral Health Manager and MHTC Unit Manager.
 - c. Ensure all copies of Admission Summaries, Psychiatric Encounter Forms, and Discharge Summaries are given to Behavioral Health Staff for review and filing in the Behavioral Health file.
2. The following Behavioral Health Documentation will be copied by the MHTC clerk and placed in the Medical/psychiatric file:
- a. **MHTC Clinical Assessment** form (*CD-180601.2*)
 - b. **MHTC Treatment Review** form (*CD-180601.3*)
 - c. **MHTC Individual Treatment Plan** form (*CD-180601.4*)
 - d. **MHTC Discharge Planning Summary** form (*CD-180601.5*)
 - e. **RDC Intake Interview and Recommendations** form (*CD-180201.5*)
 - f. **RDC Mental Status Examination** form (*CD-180201.6*)

K. Recreation Specialist Services:

The Recreation Specialist Supervisor manages the Recreation Specialist staff. Management duties include staffing, scheduling and program oversight.

1. Recreation Specialist staff can provide the following services:
- a. Psycho-educational activities including the presentation of films, supervision of interpersonal/social activities, and para-professional communication.
 - b. Supervision of physical recreation activities.
 - c. Supervision of arts and crafts activities.
 - d. Supervision of gardening projects.
 - e. Supervision of non-security inmate movement.
 - f. Supervision of music therapy.
 - g. Supervision of inmate employment.

- h. Supervision of inmate Activities of Daily Living (ADL) including cell organization and hygiene.
2. Recreation Specialists will maintain logs which address the following areas:
 - a. A record of work assignments and schedules.
 - b. Razor Log: A record of the issuance of electric shaving razors.
3. Recreational activities are adjusted in accordance with housing status:
 - a. Acute Care Unit (ACU) offers individualized activities, consistent with inmate level of functioning and ACU housing restrictions.
 - b. Therapeutic Restriction Unit (TRU) provides activities predominately based within the unit unless otherwise specified (*e.g.* individual therapy, medical appointments, recreation).
 - c. Chronic Care Unit (CCU) offers broad range of services provided by recreational staff. CCU inmates are generally eligible to engage in congregate recreational activities. On days when there is inclement weather, exercise programs or video movies are scheduled inside each individual pod. Crafts, cards, and board games are also scheduled in the pod. Other activity programs include: sports groups, music groups, bingo games, etc.
4. Employment Therapy and Work Programs:
 - a. The employment opportunities within the MHTC may include but are not limited to:
 - Porter positions;
 - Landscape assistants;
 - Gardeners;
 - Biohazard porters;
 - Utility Crew;
 - Laundry positions; and
 - Television and electronics maintenance positions.
 - b. Employment authorization is subject to security staff approval.
 - c. The Recreation Specialist Supervisor establishes work therapy assignments.

- d. The MHTC Treatment Team in conjunction with the Recreation Specialist Supervisor authorizes inmate employment consistent with the work assignment, clinical stability, and security information.
- e. Recreation Specialists are responsible to oversee and monitor MHTC inmates while engaged in employment.
- f. The MHTC Treatment Team will be informed of an inmate's employment progress, behavior patterns, and behavioral anomalies by the Recreation Specialists.
- g. Employment parameters such as wages, inmate selection, and removal will be conducted in accordance with NMCD policies and guidelines.

L. Educational Services:

- 1. MHTC Educators will provide services consistent with the NMCD Education Department and MHTC Policies in accordance with the following guidelines:
 - a. Provide educational services at the MHTC during the contract year, as assigned by the NMCD Director of Education.
 - b. Conduct assigned classes in accordance with sound educational practices.
 - c. Establish individualized lesson/unit plans.
 - d. Provide educational programming Monday through Friday.
 - e. Discuss inmate progress during MHTC Treatment Team meetings.
 - f. Maintain a well-ordered classroom that is conducive to learning.
 - g. Provide educational equipment, supplies and materials for instruction.
 - h. Counsel inmate students concerning academic achievement.
 - i. Establish guidelines for tardiness and absence.
 - j. Emphasize the importance of regular and continuous class attendance.

- k. Maintain accurate attendance records of students and submit required monthly reports.
 - l. Educators are required to report all irregularities, questions or problems concerning instruction and security to the MHTC Treatment Team. Immediate security concerns will be reported to the Captain of Security.
 - m. Provide weekly rounds in ACU and TRU.
4. General Education Programming may include the following:
- GED training.
 - Reading and writing skills training.
 - Math, science, history, and social studies training.
 - Word processing, spreadsheet, desktop publishing, database and multimedia training.
 - Provide educational videos.
 - Provide reading materials.
 - Provide educational counseling.
5. Vocational Education:
- a. Vocational Education is provided by a Vocational Education Teacher.
 - b. The Vocational Education Program may include programs such as crafts and woodworking if approved by security. Additionally, minor maintenance skills are a component of the curriculum.
 - c. The Vocational Education area is maintained and operated by a Vocational Education Instructor and/or a Recreation Specialist.
 - 1) MHTC inmates, consistent with their housing unit and Individual Treatment Plan, may be authorized to participate in vocational services activities pending a security review.
 - 2) Authorization for Vocational Education activities is required and must be authorized by the MHTC Treatment Team.
 - 3) Items produced in the Vocational Education area are for personal or family use or to display in the Administration Building.

6. Educational Television:

The ETV Coordinator will oversee ETV operations including but not limited to:

- Coordination of ETV programming and broadcasting.
- Establish a monthly ETV schedule.
- Maintain an accurate inventory of ETV equipment.
- Ensure that electrical and mechanical ETV problems are addressed in a timely manner.
- Assist in purchasing materials and supplies for ETV programming.
- Maintenance of the broadcast room
- Maintenance of the signal quality leaving the broadcast room

M. MHTC Classification:

1. The MHTC Unit Manager or Director of Classification oversees classification operations.
2. The MHTC Unit Manager or designee will attend the MHTC Treatment Team on a weekly basis.
3. The MHTC Classification Officer will provide the MHTC Behavioral Health Manager with a list of MHTC inmates classified as Level 5/6.
4. The MHTC Classification Officer is responsible for notifying the medical and behavioral health staff of any inmate who will parole or discharge 180 days prior to discharge and keeping the medical and behavioral health staff apprised of the parole and discharge plans and any changes to the dates of parole or discharge.
5. MHTC Level 5/6 inmates will be granted clear conduct days, as determined by disciplinary history, for clear conduct days they were housed at MHTC. The MHTC Unit Manager will forward a letter to the NMCD Classification Bureau Chief regarding the number of days the inmate earned while housed at the MHTC.

N. Security:

1. The MHTC Captain of Security will evaluate housing assignments based on factors including inmate history of violence, gang affiliation, adjustment history and inmate Housing Level.
2. MHTC security staff is designated to maintain a safe, secure correctional environment in accordance with NMCD policies and procedures.

3. Security staff members will consult during the course of their daily duties with MHTC psychologists, psychiatrist, nurses and social workers.
4. Training of MHTC Security Staff:
 - a. All security staff members assigned to the MHTC will participate in an additional four hours of training specific to behavioral health issues. The training will be provided by the MHTC Behavioral Health staff, and cover areas not normally covered in the annual training but pertinent to the inmates in the MHTC. The MHTC Captain of Security will be responsible for ensuring all MHTC security staff has received the training. Security staffs only need to have the training once per year.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

06/16/14
Date

**NEW MEXICO
CORRECTIONS DEPARTMENT
MHTC Treatment Team Progress Note**

Date: _____ Initial Treatment Team ☐ Review ☐
Did the inmate attend the Treatment Team this date: (yes) ☐ (no) ☐
MHTC Level Assignment (Circle): ACU OBS I ACU OBS II TRU TRU1 TRU2 CCU
Treatment Guardian: (yes) ☐ (no) ☐
PRD: _____ Work Assignment: _____ Education: _____
DSM Diagnosis: _____

Medications: _____

Psychiatry: _____

Nursing: _____

Behavioral Health Therapist: _____

Security: _____

Classification: _____

Recreation Specialist: _____

Education: _____

Unit Manager: _____

Behavioral Health Manager: _____

Treatment Team Recommendations: _____

MHTC Behavioral Health Manager

Assigned Therapist

Captain of Security or designee

MHTC Education Director

Classification

MHTC Psychiatrist

Charge Nurse or designee

Unit Manager

Recreation Specialist

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Clinical Assessment

Initial: ☐ **Reassessment:** ☐ **Reason:**

Name: **Age:** **DOB:** **Sex:** **Race/Ethnicity:**

Presenting Problem and Description of Clinical Signs and Symptoms:

Mental Status Examination:

Appearance/Behavior:	Orientation:
Speech:	Memory:
Mood/Affect:	Cognition:
Other MSE factors:	

Psycho-Social History:

Legal/Criminal History:

Current or Most Recent Mental Health/Psychiatric/Medical Diagnosis and Treatment:

Substance Abuse /Dependency History Including Treatment, Substance Abuse Screenings & Assessments:

Prior Mental Health Treatment/Counseling and Prior Psychiatric Treatment:

Special Considerations:

History of Suicidal Attempts/Gestures/Self-Harm:

History of Homicide or Violence towards Inmates, Staff or Others:

History of Sexual Offenses:

History of Being Sexually Victimized:

History of Intellectual Disability or Neurodevelopmental Disorder:

History of Brain Injury and/or Neurocognitive Disorder:

Psychological/Neurological Testing Results and/or Recommendations:

Other Diagnostic/Treatment Consultations:

Summary/Clinical Impressions:

DSM Diagnosis (Including Codes):

Treatment Recommendation:

_____ Clinician (Printed/Typed Name)	_____ Clinician Signature	_____ Date
_____ Reviewer (Printed/Typed Name)	_____ Reviewer Signature	_____ Date

Inmate Name: _____ NMCD#: _____ Facility: MHTC
MHTC Clinical Assessment Form CD-180601.2 (Rev. 06/16/14)

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Treatment Review

DSM Diagnosis (Including Codes):

Description of current functioning:

Assessment of progress towards goals (if applicable):

Recommendations:

Clinician (Printed/Typed Name) Clinician Signature Date

Reviewer (Printed/Typed Name) Reviewer Signature Date

Inmate Name: _____ NMCD#: _____ Facility: MHTC

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Individual Treatment Plan

Treatment Goal	Date Goal Set	Treatment Intervention and Frequency	Date Goal Met

Program Activities:

A. Recreation – Indicate activity, frequency, and responsible staff.

B. Education – Indicate activity, frequency, and responsible staff

C. Employment – Indicate activity, frequency, and responsible staff

I agree to participate in the activities stated in this plan.

Inmate (Printed/Typed Name)

Inmate Signature

Date

Inmate Agent/Treatment Guardian (If applicable)
(Printed/Typed Name)

Inmate Agent/Treatment Guardian

Date

Clinician (Printed/Typed Name)

Clinician Signature

Date

Reviewer (Printed/Typed Name)

Reviewer Signature

Date

Inmate Name: _____ NMCD#: _____ Facility: MHTC
MHTC Individual Treatment Plan Form CD-180601.4 (06/16/14)

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Discharge Planning Summary

Name: _____ **NMCD#:** _____

Date of Admission: _____ **Date of Clinical Discharge:** _____

I. Reason for Admission:

II. Reason for Discharge:

III. Course of Treatment:

IV. Current Psychotropic Medication(s):

V. DSM Diagnosis (Including Codes):

VI. Summary/Clinical Impressions:

VII. Aftercare Treatment Recommendations:

VIII. Special Considerations:

Clinician (Printed/Typed Name)

Clinician Signature

Date

Reviewer (Printed/Typed Name)

Reviewer Signature

Date

Inmate Name: _____ NMCD#: _____ Facility: MHTC

MHTC Discharge Planning Summary

Form CD-180601.5 (06/16/14)

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Confidentiality Statement and Acknowledgement

According to New Mexico Law, including NMSA 1978 Sections 14-2-1(A), 14-6-1, 24-2B-6, and SCRA 11-504, medical, mental health, addictions (substance use disorders), and HIV records and information is confidential and privileged. Such records and information is not to be disclosed except upon consent of the patient or as otherwise allowed by law.

In the context of operating a correctional facility, such information may be made available to particular security staff members only to the extent that the particular security staff member has a compelling need to know the specific information. Such information may not thereafter be disclosed to other security staff members unless those staff members also have a compelling need to know the information. Such information is not to be disclosed as a matter of casual conversation, gossip, curiosity or the like.

I understand that in the performance of my duties in the MHTC may be exposed to medical, mental health, or HIV information or records. I understand and agree that I must keep this information confidential and privileged and that I will not disclose such information unless authorized by the inmate, by law, or by Corrections Department policy. I understand that if I disclose such information in violation of statement and acknowledgment, I may be subject to disciplinary action.

Employee Name (typed or printed)

Title

Employee Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Case Presentation Format

Inmate ____, NMCD # ____, was admitted to the MHTC from _____ on _____. The reason for the admission to the hospital was _____. The inmate is ____ years of age, and is serving ____ years for _____. His current diagnosis is:

- ☐ Current diagnoses are provisional.
☐ Current diagnoses are considered to be reasonably well established.
☐ We are still attempting to rule in or out the following diagnoses: _____

His current housing level is _____.

The inmate is ☐ is not ☐ currently receiving concurrent medical treatment for the following medical conditions: _____

The current medications for this patient are: _____

His latest projected release date as per Classification is _____.

The inmate's treatment plan currently includes the following problems, goals, and behavioral interventions: (see attached)

The inmate does ☐ does not ☐ have a treatment guardian:

Expiration date of guardianship _____

Name of treatment guardian _____

Next planned step in treatment: _____

Inmate Name: _____ NMCD#: _____ Facility: MHTC

MHTC Case Presentation Format

Form CD-180601.7 (06/16/14)